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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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10/26/22--01009--025 **25.00



COVER LETTER

Division of Corporations			
SUBJECT: LIBERTY OPCO, LLC			
Name of Foreign	Limited Liab	oility Company	
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) ar	re submitted	for filing.	
Please return all correspondence concerning this	matter to the	following:	
GARY RAMEY			
Name of Person		_	
LIBERTY OPCO, LLC			
Firm/Company		_	202 SEI
2083 58TH AVENUE CIRCLE E SUITE B			2022 OCT 26 MH IO: 11 SECRETARY OF STATE TALLAHASSEE FL
Address	-	_	26 HASY
BRADENTON, FL 34203			
City/State and Zip Code		_	
CINDY@LIBERTYAMMO.COM			
E-mail address: (to be used for future annual re	eport notifica	ītion)	
For further information concerning this matter, pl	lease call:		
CINDY DUNHAM-TOZER	941	567-6178 EXT 2	214
Name of Person	`\	e & Daytime Tele	phone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810
Enclosed is a check for the following ar \$25 Filing Fee S30 Filing Fee & Certificate of Status	mount:] \$55 Filing Certified (Сору Се	Filing Fee. rtificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Comp	pany as it appear	s on the record	ls of the Florida Do	epartment of	
State: LIBERTY OPCO, LLC					
Enter new principal office address	s, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>(S</u>)				· 2
Enter new mailing address, if apple (Mailing address) MAY BE A POST OFFICE BOX				TALLAIIA SSEE	
2. The Florida document number of	of this limited lia	ability compan	y is: _M\8 C	00 008 38	<u>a</u>
Jurisdiction of its organization:					
4. Date authorized to do business	in Florida: 08/4.	3/2018			<u>-</u>
SECTION II (5-9 complete only	the applicable	changes)			
5. New name of the limited liability	ity company: (mus	t contain "Lin	ited Liability Com	pany, " "L.L.C.," or "	LLC.")
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability C	managers or ma	naging membe	rs adopting the alte	asiness in Florida and a ernate name. The alterr	ttach a late name
6. If amending the registered agen registered agent and/or the new re	it and/or registere gistered office a	ed officer addr ddress here:	ess on our records,	enter the name of the	<u>new</u>
Name of New Registered Agent:	GARY RAMEY				
New Registered Office Address:	2083 58TH AVE	NUE CIRCLE			
	tro	ADENTON	Enter Florida		
				, Florida 34203 Zip Cod	e
New Registered Agent's Signature I hereby accept the appointment a the provisions of all statutes relationed and accept the obligations of my produced to merely a document is being filed to merely liability company has been notified.	s registered age ive to the proper position as regist reflect a change	nt and agree to and complete ered agent as in the register	act in this capacit performance of my provided for in Cha	duties, and I am familapter 605, F.S. Or, if th	iar with iis

Title/ Capacity	<u>Name</u>	Address Type	e of Action
000	NORTON, SAM	2083 58TH AVE CIRCLE EAST STE B	□Add
		BRADENTON, FL 34203	■Remo
CEO	RAMEY, GARY	2083 58TH AVE CIRCLE EAST STE B	■Add
		BRADENTON, FL 34203	□Remo
			□Add
		SECRETARY OF STATE TALLAHABSEE, FL	2662 00.7 266 4月10: 661
			□Add
aforemention	under the law of whielf this entity	ated by the official having custody of records in the	∏Reme

Filing Fee: \$25.00